US Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND - EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E Our		
1 File Number U 9995	2. Fiscal Year Covered From	
	1 / 1 / 2004 Through 12 / 31 / 2004	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name Kathy Garcia	Name Teamsters Local 748	
	Labor Organization File Number 037-333	
PO Box Bldg Room No If any	P O Box Building and Room Number if any	
Street 1222 I Street	Street 1222 I Street	
City Modesto	City Modesto	
State California ZIP Code + 4 95354	State California ZIP Code + 4 95354	
5 Position in labor organization Recording Secretary		
Enter appropriate data below if during the past fiscal year you or your spot (except as specified in the exclusion). A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organization.	sions set forth in the instructions) derived income or other economic benefit of	
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income	
Name		
Trade Name if any		
	-	
PO Box Bldg Room No if any	7 b Amount.	
Street		
City		
State ZIP Code + 4	Λ	
Şign	ature	
15 Signature and verification The undersigned declares under penalty of submitted in this report (including the information contained in any accompany undersigned s knowledge and belief true correct and complete (See the se	ing documents) has been examined by the signatory and is to the best of the	
signed Laty Hanas	On 8/11/2005 (209) 522-9006 Telephone Number	
1 1 7	tee (suppose raines	

Name of Person Filing Kathy Garcia	ı	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name Teamsters Life Trade Name if any: P O Box Bidg Room No if any Street 160 Airway Boulevard City Livermore State California ZiP Code + 4 94551-2479	9 Business deals with a Labor Organiza b Trust c Employer	ition	
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such deal	ing	
Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	Teamsters Life protemployees of Teams item 11b represent Life during the years of the Teamsters Life spoof the Teamsters Coctober 18 2004 in	vides life insurters Local 748 s the premiums par ended Decembe ue of such dealing d or income received consored a reception	The amount in aid to Teamsters r 31 2004 \$845
	12 b Amount.		\$38
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment		
Name			
Trade Name if any			
PO Box Bidg Room No If any			
Street			
City			
State ZIP Code + 4			
13 b Is the Business an Employer or Consultant?	14 b Amount of payment		

Name of Person Filing Kathy Garcia	File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

	· · · · · · · · · · · · · · · · · · ·	
8 Name and address of Business (including trade name if any)	9 Business deals with	
Name Vision Service Plan	a Labor Organization	
Trade Name If any: VSP		
PO Box Bldg Room No If any	b Trust	
Street 3333 Quality Drive	c. Employer	
City Rancho Cordova		
State California ZIP Code + 4 95670		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name Joint Benefit Trust	Vision Service Plan (VSP) provides administration to the Joint Benefi The amount in item 11b are the fee	t Trust Fund
Trade Name if any	during the plan year ended April 3	
PO Box, Bldg Room No If any PO Box 2479		
Street 160 Airway Boulevard		
City Livermore		
State California ZIP Code + 4 94551-2479	11 b Approximate dollar value of such dealing	\$57 655
	12 a Nature of interest held or income received	
	VSP provided half of the cost of f for a reception hosted by the Team Council which was held subsequent seminar in Reno Nevada on October	sters Cannery to their annual
نهين باستان القيالا به ياب المقالات الذا الله الله الله الله الله الله الله		
	12 b Amount.	\$19

Name of Person Filing Kathy Garcia		File Number U
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Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)	9 Business deals with	
Name Health Services Benefit Administrators	a Labor Organization	
Trade Name if any	b Trust	
PO Box Bidg Room No If any PO Box 2479	<u>e-s</u>	
Street 160 Airway Boulevard	c Employer	
City Livermore		
State California ZIP Code + 4 94551-2479		
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing	
Name Joint Benefit Trust	Health Services Benefit Administrated	
Trade Name If any	amount in item 11b is the fees paid administrator during the plan year 2004	d to the
PO Box Bidg Room No If any PO Box 2479		
Street 160 Airway Boulevard		
City Livermore		
State California ZIP Code + 4 94551 2479	11 b Approximate dollar value of such dealing	\$3 001 807
	12 a Nature of interest held or income received	
	HSBA provided Mr Hailstone with d to a meeting of the Executive Board Teamsters Cannery Council on Octob Reno Nevada	d of the
		-
	12 h. Amount	\$85